

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025802

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 366

Primary Registration District No. _____

Registrar's No. 55

FILED JUL 5 1962

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Washington	
b. CITY (If outside corporate limits, give TOWNSHIP only) Union		c. CITY OR TOWN Cadet	
Length of stay in 1b 15 yrs		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hy 21&Hy 47 Junct.		d. STREET ADDRESS (If outside, give location) R#1 Box 310	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Earl Middle Joseph Last Politte		4. DATE OF DEATH Month June Day 28 Year 1962	
5. SEX Male	6. COLOR OR RACE Wh	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/30/08
9. AGE (last birthday) 53		IF UNDER 1 YEAR Months 11 Days 28 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver		10b. KIND OF BUSINESS OR INDUSTRY self-emp.	
11. BIRTHPLACE (City and state or country) Old Mines, Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Sherman Politte		13b. MOTHER'S MAIDEN NAME Elizabeth Coleman	
14. NAME OF HUSBAND OR WIFE Lillie Boyer Politte			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Address Mrs. Lillie Politte, R#1 Cadet, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Concussion & brain damage DUE TO (b) being hit by auto DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) while walking in road subject was struck by auto	
20c. TIME OF INJURY Hour 6 Month, Day, Year 28 62 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 21		20f. CITY, TOWN, OR LOCATION Cadet Route 1	
20g. COUNTY Wash		20h. STATE Mo	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at 8:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE D.L. Gibson		22b. ADDRESS Potosi, Mo.	
22c. DATE SIGNED 6-30-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/2/62	23c. NAME OF CEMETERY OR CREMATORY St. Joachim's Cem	23d. LOCATION (City, town, or county) (State) Old Mines, Mo
24. FUNERAL DIRECTOR Gum & Son		25. DATE RECD. BY LOCAL REG. 6/30/62	
26. REGISTRAR'S SIGNATURE Henry Kendall			

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

1 11 00

2 11 00

3

4 0

5 1

6

7 0

8 2

9 X

10

11 110

12 91-3

13 1-0

JUL 24 1962

JUL 12 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William H. Dunn

Licensed Embalmer No. 5155

P. O. Address Lotus, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.